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SCIENCE & MEDICINE DEPT.

SUBMISSION TO THE COMMITTEE OF ENQUIRY ON MEDICAL SERVICES  
IN THE PROVINCE OF ONTARIO  
BY THE ONTARIO FEDERATION OF AGRICULTURE

Mr. Chairman and Members of the Committee,

1. The Ontario Federation of Agriculture, through its representatives here present, welcomes this opportunity of offering the Committee of Enquiry on Medical Services its views respecting the principles embodied in Bill 163 of the 1962-63 session of the Ontario Legislature.
2. Before doing so, we should like to give the Committee a brief description of the Ontario Federation of Agriculture together with a concise statement of its aims and objects. The OFA is a general farm organization federating some 83 local and provincial farm groups. A list of these affiliated organizations is given in Appendix A. It includes 47 county federations of agriculture, 17 commodity and marketing boards, eight commodity associations, five co-operative groups, including Ontario Co-operative Medical Services Federation, and six educational groups. Through these member bodies the opinions and needs of the vast majority of Ontario farmers are translated into consolidated policies.
3. Primarily, the OFA endeavours to promote the social and economic welfare of farm people through fostering the development of farmer-owned co-operatives and farmer-controlled marketing boards, and by supporting the programs of the several educational agencies which serve farm people. Policies whose implementation is beyond the scope of the OFA's resources or powers are referred to the provincial government, or to the federal government through the Canadian Federation of Agriculture. Policies requiring supra-national attention are







referred to the International Federation of Agricultural Producers, a body acting in an advisory capacity to the Food and Agriculture Organization of the United Nations. Although required by circumstances to seek the assistance of governments at all levels, the OFA firmly adheres to the principle of non-partisanship in political matters.

4. Aside from the activities above expressed, the OFA has participated extensively in the development of insurance services in Ontario. Among the agencies sponsored by the OFA is Co-operators Insurance Association, dealing in automobile, life, casualty and liability insurance. In the medical service field, county federations of agriculture have been among those local groups chiefly instrumental in the formation of the many medical service co-operatives now providing excellent benefits for rural as well as urban members. We believe that the progressive character of the majority of these county medical service co-operatives has contributed to an improvement in services provided by all medical service agencies in Ontario.

5. In general, this presentation by the OFA is to be taken as supporting the opinions of its member, the Ontario Co-operative Medical Services Federation. The distinguished record of this latter body in respect of the services it has rendered to Ontario residents and its efforts to bring them to a point of excellence in the field, makes its submission of outstanding interest in these hearings.

6. Before dealing in more specific terms with those elements in the Co-operative Medical Services Federation Brief which are of chief interest to Ontario farmers, we wish to re-iterate a statement contained in our Presentation to the Ontario Cabinet in January 1963.







Commenting on the announced intention of the Ontario Government to initiate medical care legislation, we said: "The OFA urges that, should the Ontario Government's legislation provide for extension of medical care through existing insurers with government support, full consideration be given to the application of co-operative principles to ensure that participants secure maximum protection at minimum cost." County medical service co-operatives have proved, we believe conclusively, that the employment of co-operative principles in medical insurance affords opportunity for cost reduction. Of equal importance, however is the opportunity provided under these principles for democratic control of insurance services. This control will tend to ensure that the services offered will reflect with adequate and proper fidelity the felt needs of the insured.

7. In addition, the OFA subscribes fully to the position of the Canadian Federation of Agriculture on health insurance as described in a statement by that body issued in January 1962 and subsequently presented to the Royal Commission on Health Services in March of the same year. Although dealing with the health and medical care problem from a national point of view, the principles enunciated appear to be germane to the provincial situation. Basically, they call for a program of full medical and surgical care at a premium that the lowest income group can reasonably afford. In detail, the principles are as follows:

(a) That the particular circumstances of long distances and scattered population of farm and rural communities be fully taken into account in the improvement of the organization of health services.

(b) That the Federal Government adopt as a policy the implementation of a national compulsory medical care insurance program to be carried out in co-operation with the provinces.



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(c) That public medical insurance be implemented on a basis that is contributory to a reasonable degree, rather than fully supported from general revenue, but that the basis of contributions be such that no unreasonable burden is imposed on any family or persons.

(d) That in any insurance plan the principle of the right of the patient to choose his own doctor be retained.

(e) That in any health insurance plan which may be implemented, the terms and conditions of such plans be so designed as to permit the development, wherever consumers wish to take action, of co-operative joint provision of medical services such as group practice, co-operatively owned and operated clinics, and like endeavours.

(f) That the Commission give particular attention to, and recommend ways of achieving, the co-ordinated planning of all services and conditions related to health - preventative, curative, nutritional and social - so that as far as possible the physical and mental health of the people shall be preserved, protected and improved on all fronts.

(g) That the principle be accepted, and means of implementing it be recommended, that the provision of psychiatric services should be essentially provided by means of public services, rather than through private practice.

8. Turning now to particular terms contained in the Co-operative Medical Federation Brief, we wish, first of all, to state our concurrence with the idea that the eventual aim of government legislation should be the provision of total health care. At the same time, the purchaser of medical insurance should be left free to select the carrier of his choice. The Government's role should be to provide assistance to those financially unable to purchase their own medical insurance needs. Such needs, we believe, should be provided for through the medium of existing insurance agencies.







9. The eventual means of providing total health care should aim at the least possible infringement of the rights and liberties of professional and consumer groups. Moreover, no single insurance carrier, as a result of government policy should enjoy a preferred position over any other in the field, especially with respect to the settling of accounts. There seems no reason to suppose that reasonable solutions to any difficulties involving insurance carriers, the medical profession and consumers arising out of a government health plan cannot be worked out provided all parties are prepared to make some small sacrifices for the sake of the public good.

10. It is obvious, perhaps, that a government plan should include provisions for the establishment of minimum standards of insurance coverage as an interim step between partial and total health insurance protection. As soon as possible these minimum standards eventually should cover all aspects of physical and mental health care so as to preserve fully the financial integrity of all Ontario citizens. Specifically, we would mention such items as prosthesis, physiotherapy and rehabilitation. Where farmers are concerned, dismemberment requiring prosthetic treatment has disastrous financial consequences. The farmer usually is not covered by the public services available to members of the urban labour force. As for other kinds of physical and mental impairment which afflict mankind, the rural community is typically lacking in the facilities for treatment. As mentioned earlier, the mere factor of distance from treatment centres represents a serious handicap for rural residents. The gap in availability of health services as between urban and rural areas must be bridged with all possible speed.







11. The formation of a body to be known as Medical Carriers Incorporated, as set forth in Bill 163 has occasioned the criticism of the Co-operative Medical Services Federation. We believe, like the Co-operative, that the advantages offered by the formation of a supervisory board to take precedence over the Department of Insurance are of doubtful value. We submit that the powers to be vested in Medical Carriers Incorporated need to be specified more clearly before a proper judgement can be made. It may well be that the Co-operative Medical Services Federation is correct in its conclusion that under the circumstances, the appropriate supervisory body would seem to be the Department of Insurance.

12. The OFA believes that no government health program can countenance discrimination in any form. The Co-operative Medical Services Federation is in the better position to speak in this connection and, in fact, has done so in its submission to this Committee.

13. Finally, the OFA wishes to offer re-affirmation of its confidence in the quality of medical services provided by medical service co-operatives in the Province, and in the competence of the Ontario Co-operative Medical Services Federation to speak for its member groups. We offer our unqualified support for the points made in the Co-operative Medical Services submission and trust that they will be accorded the consideration of this Committee.

Respectfully submitted,

THE ONTARIO FEDERATION OF AGRICULTURE







AFFILIATED ORGANIZATIONS  
of the  
ONTARIO FEDERATION OF AGRICULTURE

County and District Federations of Agriculture

Algoma	Hastings	Peel
Brant	Huron	Perth
Bruce	Kent	Peterborough
Carleton	Lambton	Prescott
Cochrane	Lanark	Prince Edward
Dufferin	Leeds	Renfrew
Dundas	Lennox & Addington	Russell
Durham	Lincoln	Simcoe
Elgin	Manitoulin	Temiskaming
Essex	Middlesex	Stormont
Frontenac	Nipissing	Victoria
Glengarry	Norfolk	Waterloo
Grenville	Northumberland	Wellington
Grey	Ontario	Welland
Haldimand	Oxford	Wentworth
Halton		York

Commodity Marketing Groups

Burley Tobacco Marketing Association of Ontario  
 Ontario Bean Growers' Marketing Board  
 Ontario Beekeepers Association  
 Ontario Branch, Canadian Tree Farmers' Association  
 Ontario Broiler Growers' Association  
  
 Ontario Cheese Producers' Marketing Board  
 Ontario Commercial Corn Growers' Association  
 Ontario Concentrated Milk Producers' Association  
 Ontario Cream Producers' Marketing Board  
 Ontario Flue-Cured Tobacco Growers' Marketing Board  
  
 Ontario Fresh Peach Growers' Marketing Board  
 Ontario Fruit and Vegetable Growers' Association  
 Ontario Grape Growers' Marketing Board  
 Ontario Hog Producers' Marketing Board  
 Ontario Poultry Producers Association  
  
 Ontario Seed Corn Growers' Marketing Board  
 Ontario Soya-bean Growers' Marketing Board  
 Ontario Sugar Beet Growers' Marketing Board  
 Ontario Tender Fruit Growers' Marketing Board  
  
 Ontario Turkey Association  
 Ontario Vegetable Growers Marketing Board  
 Ontario Wheat Producers' Marketing Board  
 Ontario Whole Milk Producers' League







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Co-operative Organizations

Co-operative Medical Services Federation of Ontario  
Farmers' Allied Meat Enterprises Co-operative Limited  
First Co-operative Packers of Ontario Limited  
United Co-operatives of Ontario  
United Dairy and Poultry Co-operative

Service and Educational Organizations

Federated Women's Institutes of Ontario  
Junior Farmers' Association of Ontario  
L'Union Catholique des Fermieres de la Province de L'Ontario  
L'Union des Cultivateurs Franco-Ontariens

Ontario Beef Improvement Association  
Ontario Plowmen's Association  
Ontario Poultry Council  
Ontario Soil and Crop Improvement Association



